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CONFIRMATION NO. 9411

Bib Data Sheet

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/055,877 | 01/22/2002 | 536 | 1631 | 551 |
| RULE | | | | |

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/263,598 01/23/2001
 and claims benefit of 60/263,799 01/24/2001
 and claims benefit of 60/264,117 01/25/2001
 and claims benefit of 60/264,139 01/25/2001
 and claims benefit of 60/264,478 01/26/2001
 and claims benefit of 60/263,351 01/30/2001
 and claims benefit of 60/272,870 03/02/2001
 and claims benefit of 60/275,990 03/14/2001
 and claims benefit of 60/275,927 03/14/2001
 and claims benefit of 60/276,449 03/15/2001
 and claims benefit of 60/277,358 03/20/2001
 and claims benefit of 60/278,151 03/23/2001
 and claims benefit of 60/279,857 03/29/2001
 and claims benefit of 60/285,140 04/20/2001
 and claims benefit of 60/285,141 04/20/2001
 and claims benefit of 60/287,484 04/30/2001
 and claims benefit of 60/291,701 05/17/2001
 and claims benefit of 60/296,960 06/08/2001
 and claims benefit of 60/304,353 07/10/2001
 and claims benefit of 60/304,355 07/10/2001
 and claims benefit of 60/304,886 07/12/2001
 and claims benefit of 60/311,289 08/09/2001
 and claims benefit of 60/311,975 08/13/2001
 and claims benefit of 60/312,937 08/16/2001
 and claims benefit of 60/330,227 10/18/2001
 and claims benefit of 60/334,198 11/29/2001

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

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|---------------------------------|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CT | SHEETS DRAWING 0 | TOTAL CLAIMS 41 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | | |

ADDRESS

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TITLE